

**TRAVEL EXPENSE CLAIM**See Instructions and Privacy  
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME <b>Karen Quarles</b>		SSAN OR EMPLOYEE NUMBER		DEPARTMENT <b>Washington DC Office</b>	
POSITION	CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS			TELEPHONE NUMBER
		CITY			STATE ZIP

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER				CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
09-Mar		Washington, DC							/ 6.00		0.00		6.00
07-Mar		Washington, DC							/ 11.00		0.00		11.00
19-Mar		Washington, DC							/ 10.00		0.00		10.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$27.00	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

travel to and from meetings for the month of March

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240475

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

C S	[Redacted]	DATE 4/1/09	SIGNATURE [Redacted]	DATE 4/1/09
				DATE 4/4/09